

KONRAD RAYNES & VICTOR, LLP

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FAX COVER SHEET

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MAY 03 2005

**PLEASE DELIVER THIS FACSIMILE
TO EXAMINER BORIS M. PESIN**

TO: Commissioner for Patents
Attn: Examiner Boris M. Pesin
Group Art Unit 2174
Patent Examining Corps
Facsimile Center
Washington, D.C. 20231

FROM: David W. Victor

OUR REF: 0072.0040
TELEPHONE: 310-556-7983

Total pages, including cover letter: 27

PTO FAX NUMBER 1-703-872-9306

If you do NOT receive all of the pages, please telephone us at 310/556-7983, or fax us at 310/556-7984.

Description of Documents Transmitted: TRANSMITTAL OF AMENDMENT (+COPY);
AMENDMENT; PETITION FOR EXTENSION OF TIME; CREDIT CARD
PAYMENT FORM

Applicant: R.W. Bassett et al.
Serial No.: 09/888,471
Filed: June 25, 2001
Group Art Unit: 2174
Docket No.: AUS920000714US1

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on
May 3, 2005

By: 
Name: David W. Victor

FORM PTO-1083

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MAY 03 2005

PATENT
AUS920000714US1
0072.0040IN THE UNITED STATES PATENT AND TRADEMARK OFFICEIn re Application of:
R.W. Bassett et al.

Serial No.: 09/888,471

Filed: June 25, 2001

For: METHOD, SYSTEM, AND PROGRAM
FOR ACCESSING CALENDAR
INFORMATION FOR SHADOWED
USERS FROM A DATABASE

Examiner: Boris M. Pesin

Art Unit: 2174

24033

Customer Number

Sir:

Transmitted herewith in the above-identified application is an:

- ☒ Amendment ____ pages.
☒ Petition for Extension of Time.
____ Transmittal of Formal Drawings and ____ sheets of formal drawings.
____ No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	48	MINUS 72	=	0	x	\$0	OR x 50 \$
INDEP CLAIMS	6	MINUS 9	=	0	x	\$0	OR x 200 \$
____ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$	OR + 360 \$
				TOTAL		\$0	OR TOTAL \$ -0-

- ____ Please charge Deposit Account No. 09-0447 the amount of \$ ____ to cover the extension fee and also the amount of \$ ____ to cover the claim fee. A duplicate copy of this sheet is enclosed.
- ☒ A credit card authorization in the amount of \$ 120 to cover the extension fee is enclosed.
- ____ A credit card authorization in the amount of \$ ____ to cover the claim fee is enclosed.
- ☒ A credit card authorization in the amount of \$ ____ to cover the petition fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0447. A duplicate of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Dated: May 3, 2005

David W. Victor
Registration No. 39,867
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Beverly Hills, CA 90212
(310) 556-7983 (voice)
(310) 556-7984 (fax)

CERTIFICATE UNDER 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile to Boris M. Pesin of the U.S. Patent and Trademark Office at 703-872-9306 on May 3, 2005.

David W. Victor

5/3/05
Date

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_____ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+		\$	
				TOTAL		\$0	
					OR		
					x 50	\$	
					x 200	\$	
					+ 360	\$	
					TOTAL	\$-0-	

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FROM A DATABASE

Examiner: Boris M. Pesin

Art Unit: 2174

**RECEIVED
CENTRAL FAX CENTER****MAY 03 2005****PETITION FOR EXTENSION OF TIME**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with Rule 136, Applicant for the above-identified application respectfully petitions the Commissioner for an extension of time extending the period of response as follows:

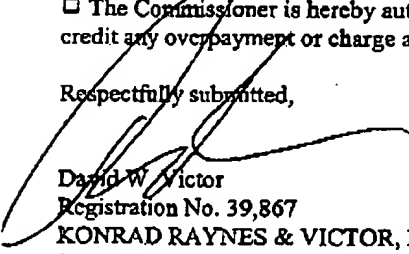
EXTENSION FROM: April 12, 2005 TO: May 12, 2005

	SMALL ENTITY FEE	LARGE ENTITY FEE
One (1) Month Extension:	<input type="checkbox"/> \$ 60	<input checked="" type="checkbox"/> \$120
Two (2) Month Extension:	<input type="checkbox"/> \$225	<input type="checkbox"/> \$450
Three (3) Month Extension:	<input type="checkbox"/> \$510	<input type="checkbox"/> \$1020
Four (4) Month Extension:	<input type="checkbox"/> \$795	<input type="checkbox"/> \$1590
Five (5) Month Extension:	<input type="checkbox"/> \$1080	<input type="checkbox"/> \$2160

☒ Enclosed is a credit card payment form in the amount of \$ 120 to cover the extension of time. Attached is the responsive paper. If it should be determined that a longer extension of time is required to prevent this application from becoming abandoned, or for any other reason an insufficient fee has been paid, please charge any insufficiency to Deposit Account No. 09-0447. A duplicate copy of this petition is enclosed.

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